

# ANNUAL SUBJECT INDEX OF ARTICLES

JANUARY THROUGH DECEMBER 1982

Each listing shows the title of a major article or short article, the latter in italics. The first two figures following the title indicate the date of the issue, and the last figure indicates the number of the page upon which the article begins. MEDICAL ECONOMICS will send physicians any three articles listed below without charge. Copies of additional articles are priced at \$1.00 each, and, as long as the supply lasts, whole copies of the magazine (including any of our special issues) may be purchased for \$3.00 each from the Reader Service Department.

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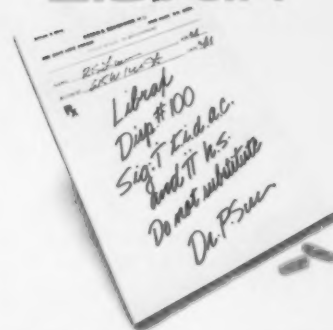
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# Specify Librax®



Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg cildinium Br.

Please consult complete prescribing information, a summary of which follows:

**Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.  
Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Glaucoma, prostatic hypertrophy, benign bladder neck obstruction, hypersensitivity to chlordiazepoxide HCl and/or cildinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl/Roche) to known addiction-prone individuals or those who might increase dosage, withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially, increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression, suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants, causal relationship not established.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated, avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.



Roche Products Inc.  
Manati, Puerto Rico 00701



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## Brief Summary of Prescribing Information

**INDICATIONS** — For management of anxiety disorders or short-term relief of symptoms of anxiety; for symptomatic relief of acute alcohol withdrawal; for adjunctive therapy in partial seizures.

Anxiety or tension associated with stress of everyday life usually does not require treatment with an anxiolytic. Effectiveness in long-term management of anxiety (over 4 months) not assessed by systematic clinical studies. The physician should periodically reassess usefulness for each patient.

**CONTRAINDICATIONS** — Known hypersensitivity to the drug. Acute narrow angle glaucoma.

**WARNINGS** — Not recommended for use in depressive neuroses or psychotic reactions. Caution patient against hazardous occupations requiring mental alertness, such as operating dangerous machinery including motor vehicles. Advise against simultaneous use of other CNS depressants, and caution patients that effects of alcohol may be increased. Not recommended for patients under 9. Nervousness, insomnia, irritability, diarrhea, muscle aches, and memory impairment have followed abrupt withdrawal from long-term high dosage. Withdrawal symptoms were reported after abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels for several months. Use caution in patients having psychological potential for drug dependence (dependence has been observed in dogs and rabbits).

**Pregnancy and Lactation:** Minor tranquilizers should almost always be avoided first trimester. Consider possibility of pregnancy before initiating therapy. Patient should consult physician about discontinuation if she becomes pregnant or plans pregnancy. Do not give to nursing mothers.

**PRECAUTIONS** — Observe usual precautions in depression accompanying anxiety, or in patients with suicidal tendency, or those with impaired renal or hepatic function. Do periodic blood counts and liver function tests during prolonged therapy. Use small doses and gradual increments in the elderly or debilitated.

**ADVERSE REACTIONS** — Drowsiness, dizziness, various GI complaints, nervousness, blurred vision, dry mouth, headache, mental confusion, insomnia, transient skin rashes, fatigue, ataxia, genitourinary complaints, irritability, diplopia, depression, slurred speech, abnormal liver and kidney function tests, decreased hematocrit, decreased systolic blood pressure.

**INTERACTIONS** — Potentiation may occur with ethyl alcohol, hypnotics, barbiturates, narcotics, phenothiazines, MAO inhibitors, other antidepressants. In bioavailability studies with normal subjects, concurrent administration of antacids at therapeutic levels did not significantly influence bioavailability of TRANXENE.

**OVERDOSAGE** — Take general measures as for any CNS depressant.

**SUPPLIED** — TRANXENE 3.75, 7.5, and 15 mg capsules and scored tablets. TRANXENE-SD Half Strength 11.25 and TRANXENE-SD 22.5 mg single dose tablets.

**Tranxene®**  
clorazepate dipotassium <sup>®</sup>  
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3023513

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## DIMETAPP EXTENTABS®

Each Extentab contains:

Brompheniramine Maleate, USP. . . . . 12 mg  
Phenylephrine Hydrochloride, USP. . . . . 15 mg  
Phenylpropanolamine Hydrochloride, USP. . . . . 15 mg

Extentabs provide a continuous release of medication which affords effects for ten to twelve hours.

### Actions:

Dimetapp Extentabs effectively reduce excessive nasopharyngeal secretions and diminish inflammatory mucosal edema and congestion in the upper respiratory tract.

The antihistaminic action of brompheniramine maleate reduces or abolishes the allergic response of nasal tissue. It is complemented by the mild vasoconstrictor action of phenylephrine hydrochloride and phenylpropanolamine hydrochloride which provide a nasal decongestant effect.

### INDICATIONS

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the following indications as "lacking substantial evidence of effectiveness as a fixed combination" for Dimetapp Extentabs: For the symptomatic treatment of seasonal and perennial allergic rhinitis and vasomotor rhinitis, allergic manifestations of upper respiratory illnesses, acute sinusitis, nasal congestion, and otitis.

Final classification of the less-than-effective indications requires further investigation.

### Contraindications:

Hypersensitivity to antihistamines of the same chemical class. Dimetapp Extentabs are contraindicated during pregnancy and in children under 12 years of age. Because of its drying and thickening effect on the lower respiratory secretions, Dimetapp is not recommended in the treatment of bronchial asthma. Also, Dimetapp Extentabs are contraindicated in concurrent MAO inhibitor therapy.

### Warnings:

*Use in Children.* In infants and children particularly, antihistamines in overdosage may produce convulsions and death.

### Precautions:

Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations requiring alertness such as driving an automobile, operating machinery, etc. Patients receiving antihistamines should be warned against possible additive effects with CNS depressants such as alcohol, hypnotics, sedatives, tranquilizers, etc.

### Adverse Reactions:

Adverse reactions to Dimetapp Extentabs may include hypersensitivity reactions such as rash, urticaria, leukopenia, agranulocytosis and thrombocytopenia; drowsiness, lassitude, giddiness, dryness of the mucous membranes, tightness of the chest, thickening of bronchial secretions, urinary frequency and dysuria, palpitation, hypotension/hypertension, headache, faintness, dizziness, tinnitus, incoordination, visual disturbances, mydriasis, CNS depressant and (less often) stimulant effect, increased irritability or excitement, anorexia, nausea, vomiting, diarrhea, constipation, and epigastric distress.

### Dosage and Administration:

Adults and Children 12 years and over. One Extentab morning and evening. If indicated, one Extentab every 8 hours may be given.

### How Supplied:

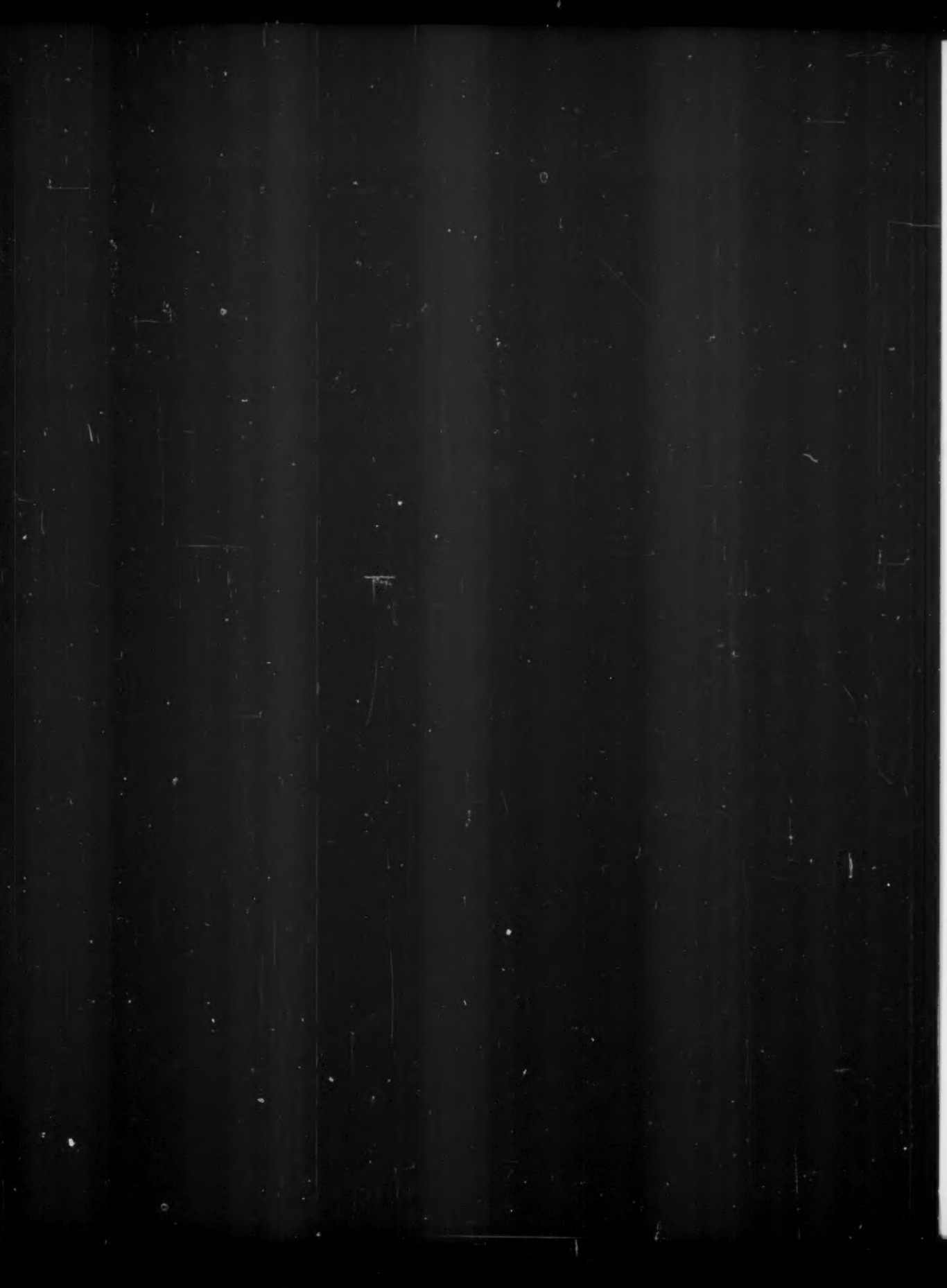
Light blue Extentabs in bottles of 100 (NDC 0031-2274-63) and 500 (NDC 0031-2274-70), and Dis-Co® Unit Dose Packs of 100 (NDC 0031-2274-64).

Rev. May 1980

**A.H. ROBINS**

A.H. Robins Company, Richmond, Va. 23220





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#### Brief Summary of Prescribing Information.

**Indications and Usage:** Management of anxiety disorders or short term relief of symptoms of anxiety or anxiety associated with depressive symptoms. Anxiety or tension associated with stress of everyday life usually does not require treatment with an anxiolytic.

Effectiveness in long-term use, i.e., more than 4 months, has not been assessed by systematic clinical studies. Reassess periodically usefulness of the drug for the individual patient.

**Contraindications:** Known sensitivity to benzodiazepines or acute narrow-angle glaucoma.

**Warnings:** Not recommended in primary depressive disorders or psychoses. As with all CNS-acting drugs, warn patients not to operate machinery or motor vehicles, and of diminished tolerance for alcohol and other CNS depressants.

**Physical and Psychological Dependence:** Withdrawal symptoms like those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepines (including convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Addiction-prone individuals, e.g., drug addicts and alcoholics, should be under careful surveillance when on benzodiazepines because of their predisposition to habituation and dependence. Withdrawal symptoms have also been reported following abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels for several months.

**Precautions:** In depression accompanying anxiety, consider possibility for suicide.

For elderly or debilitated patients, initial daily dosage should not exceed 2mg to avoid oversedation. Terminate dosage gradually since abrupt withdrawal of any anxiolytic agent may result in symptoms like those being treated: anxiety, agitation, irritability, tension, insomnia and occasional convulsions. Observe usual precautions with impaired renal or hepatic function. Where gastrointestinal or cardiovascular disorders coexist with anxiety, note that lorazepam has not been shown of significant benefit in treating gastrointestinal or cardiovascular component. Esophageal dilation occurred in rats treated with lorazepam for more than 1 year at 6mg/kg/day. No effect dose was 1.25mg/kg/day (about 6 times maximum human therapeutic dose of 10mg/day). Effect was reversible only when treatment was withdrawn within 2 months of first observation. Clinical significance is unknown; but use of lorazepam for prolonged periods and in geriatrics requires caution and frequent monitoring for symptoms of upper G.I. disease. Safety and effectiveness in children under 12 years have not been established.

**ESSENTIAL LABORATORY TESTS:** Some patients have developed leukopenia; some have had elevations of LDH. As with other benzodiazepines, periodic blood counts and liver function tests are recommended during long-term therapy.

**CLINICALLY SIGNIFICANT DRUG INTERACTIONS:** Benzodiazepines produce CNS depressant effects when administered with such medications as barbiturates or alcohol.

**CARCINOGENESIS AND MUTAGENESIS:** No evidence of carcinogenic potential emerged in rats during an 18-month study. No studies regarding mutagenesis have been performed.

**PREGNANCY:** Reproductive studies were performed in mice, rats, and 2 strains of rabbits. Occasional anomalies (reduction of tarsals, tibia, metatarsals, malrotated limbs, gastrochisis, malformed skull and microphthalmia) were seen in drug-treated rabbits without relationship to dosage. Although all these anomalies were not present in the concurrent control group, they have been reported to occur randomly in historical controls. At 40mg/kg and higher, there was evidence of fetal resorption and increased fetal loss in rabbits which was not seen at lower doses. Clinical significance of these findings is not known. However, increased risk of congenital malformations associated with use of minor tranquilizers (chloridiazepoxide, diazepam and meprobamate) during first trimester of pregnancy has been suggested in several studies. Because use of these drugs is rarely a matter of urgency, use of lorazepam during this period should almost always be avoided. Possibility that a woman of child-bearing potential may be pregnant at institution of therapy should be considered. Advise patients if they become pregnant to communicate with their physician about desirability of discontinuing the drug. In humans, blood levels from umbilical cord blood indicate placental transfer of lorazepam and its glucuronide.

**NURSING MOTHERS:** It is not known if oral lorazepam is excreted in human milk like other benzodiazepines. As a general rule, nursing should not be undertaken while on a drug since many drugs are excreted in milk.

**Adverse Reactions,** if they occur, are usually observed at beginning of therapy and generally disappear on continued medication or on decreasing dose. In a sample of about 3,500 anxious patients, most frequent adverse reaction is sedation (15.9%), followed by dizziness (6.9%), weakness (4.2%) and unsteadiness (3.4%). Less frequent are disorientation, depression, nausea, change in appetite, headache, sleep disturbance, agitation, dermatological symptoms, eye function disturbance, various gastrointestinal symptoms and autonomic manifestations. Incidence of sedation and unsteadiness increased with age. Small decreases in blood pressure have been noted but are not clinically significant, probably being related to relief of anxiety.

**Overdosage:** In management of overdosage with any drug, bear in mind multiple agents may have been taken. Manifestations of overdosage include somnolence, confusion and coma. Induce vomiting and/or undertake gastric lavage followed by general supportive care. monitoring vital signs and close observation. Hypotension, though unlikely, usually may be controlled with Levaterenol Bitartrate Injection U.S.P. Usefulness of dialysis has not been determined.

**Ativan®**  
for (lorazepam)@  
**Anxiety**

**Dosage:** Individualize for maximum beneficial effects. Increase dose gradually when needed, giving higher evening dose before increasing daytime doses. Anxiety, usually 2-3mg/day given b.i.d. or t.i.d.; dosage may vary from 1 to 10mg/day in divided doses. For elderly or debilitated, initially 1-2mg/day; insomnia due to anxiety or transient situational stress, 2-4mg h.s.

**How Supplied:** 0.5, 1.0 and 2.0mg tablets.

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# MELLARIL<sup>®</sup> (thioridazine) USP

Before prescribing or administering, see Sandoz literature for full product information. The following is a brief summary.

**Contraindications:** Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

**Warnings:** Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides; carefully consider benefit versus risk in less severe disorders. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

**Precautions:** There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy, observed primarily in patients receiving larger than recommended doses, is characterized by diminution of visual acuity, brownish coloring of vision, and impairment of night vision; the possibility of its occurrence may be reduced by remaining within recommended dosage limits. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension since phenothiazines may induce a reversed epinephrine effect on occasion.

Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent in vitro, a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomastia, and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. Daily doses in excess of 300 mg should be used only in severe neuropsychiatric conditions.

**Adverse Reactions:** *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; rarely, nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—ECG changes (see *Cardiovascular Effects* below). *Other*—Rare cases described as parotid swelling. It should be noted that efficacy, indications and untoward effects have varied with the different phenothiazines. It has been reported that old age lowers the tolerance for phenothiazines; the most common neurologic side effects are parkinsonism and akathisia, and the risk of agranulocytosis and leukopenia increases. The following reactions have occurred with phenothiazines and should be considered whenever one of these drugs is used. *Autonomic Reactions*—Miosis, obstipation, anorexia, paralytic ileus. *Cutaneous Reactions*—Erythema, exfoliative dermatitis, contact dermatitis. *Blood Dyscrasias*—Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia, anemia, aplastic anemia, pancytopenia. *Allergic Reactions*—Fever, laryngeal edema, angioneurotic edema, asthma. *Hepatotoxicity*—Jaundice, biliary stasis. *Cardiovascular Effects*—Changes in terminal portion of electrocardiogram including prolongation of Q-T interval, lowering and inversion of T-wave, and appearance of a wave tentatively identified as a bifid T or a U wave have been observed with phenothiazines, including Mellaril (thioridazine); these appear to be reversible and due to altered repolarization, not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. Hypotension, rarely resulting in cardiac arrest. *Extrapyramidal Symptoms*—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, opisthotonus, oculogyric crises, tremor, muscular rigidity, and akinesia. *Persistent Tardive Dyskinesia*—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, especially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is reinstituted, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time. *Endocrine Disturbances*—Menstrual irregularities, altered libido, gynecomastia, lactation, weight gain, edema, false positive pregnancy tests. *Urinary Disturbances*—Retention, incontinence. *Others*—Hyperpyrexia; behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea; systemic lupus erythematosus-like syndrome.

**Dosage:** Dosage must be individualized according to the degree of mental and emotional disturbance, and the smallest effective dosage should be determined for each patient. In geriatric patients with multiple symptoms such as agitation, anxiety, depressed mood, tension, sleep disturbances, and fears the usual starting dosage is 25 mg t.i.d. and the dosage ranges from 10 mg b.i.d. to q.i.d. in milder cases to 50 mg t.i.d. or q.i.d. for more severely disturbed patients; the total daily dose ranges from 20 mg to a maximum of 200 mg.

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## WHAT'S AHEAD

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### **A BRIGHTER OUTLOOK FOR ONE-DOCTOR CORPORATIONS**

A major IRS weapon for attacking one-doctor professional corporations may have been permanently dismantled. Until now, if the doctor drew a salary lower than he'd have earned if he weren't incorporated, the IRS has taxed any earnings retained in the corporation at individual rates, which are higher than corporate rates. But a federal appeals court has ruled that the IRS can't impose the higher rates as long as the doctor practices medicine only through his corporation.

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### **MEDICARE CUTS WON'T CUT COST PRESSURE ANYTIME SOON**

Most of the legislation passed last summer to bring down Medicare costs won't have any impact until the end of this year at the earliest. Several HHS regulations covering new hospital-cost limits, for example, are not even scheduled to take effect until April. The same timetable applies to the regulation limiting reimbursement for physicians assisting at surgery. So far, only 11 of the 109 new regulations that are supposed to cut costs have gone into effect.

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### **PENNY STOCKS: FRAUD COULD REVIVE, TOO**

The inexpensive issues that make up Denver's "penny stock" market have been soaring after a plunge during the past two years. But some experts warn that price manipulation and misleading promotions may also make a comeback. Those and other fraudulent trading practices led to a federal investigation of the market last winter and the closing of several brokerage firms. Even if brokers are totally clean, the stocks remain a gamble: Prices are volatile, and the companies are small and generally unproved.

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### **THE ULTIMATE IN SELF-SERVICE GAS STATIONS**

Oil companies are testing automated gas pumps that will eliminate station attendants. You insert a credit or debit card to activate the machine, and after you pump the gas, the bill is automatically charged to your credit account or drawn against your bank balance. Though you won't see many fully automated stations before 1985, some may open as early as the middle of this year.

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### **THESE CDs WILL REQUIRE LESS CASH**

You can now buy short-term certificates of deposit for as little as \$2,500. Previously, federal regulations required minimums of \$20,000 for 7-to-31-day CDs, \$10,000 for 6-month CDs, and \$7,500 for 91-day CDs. The feds also removed the interest ceiling on 7-to-31-day certificates.

### **WILL COURTS WIPE OUT RELIGIOUS OBJECTIONS TO MEDICAL CARE?**

States are starting to crack down on parents who refuse treatment for their children on religious grounds. In Oklahoma and Kentucky, parents are being charged with manslaughter and reckless homicide following deaths of their children. And, though 44 states allow parents to refuse medical care if the child's illness is not life-threatening, courts are increasingly willing to step in and order treatment.

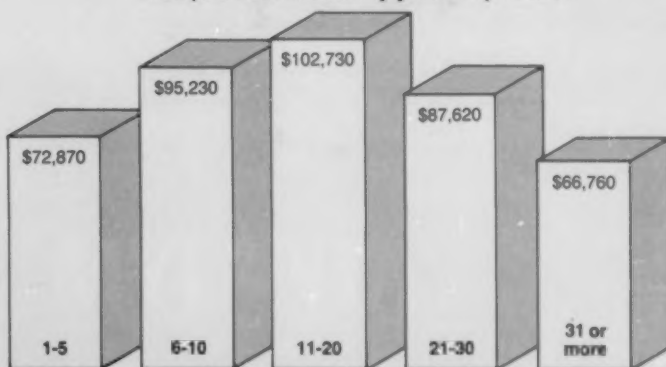
### **YOU MAY SEE FEWER JURY TRIALS IN MALPRACTICE CASES**

Malpractice juries are increasingly willing to award more damages than the plaintiff seeks. A Chicago jury, for example, recently awarded \$10.2 million against a hospital even though the plaintiff asked for only \$4 million. Jurors were angered at what they saw as the hospital putting profit above good patient care: A woman died after being given a general anesthetic. Her doctor had ordered a local because her condition wouldn't tolerate a general. But it was hospital policy to give the more costly general anesthesia. Malpractice attorney James Griffith

### **IS YOUR EARNINGS PEAK AHEAD OF YOU OR BEHIND YOU?**

If you're like most doctors, your second decade of practice will be your most profitable. Though practice expenses will also be highest in these years (median \$51,310), as a percent of gross—28%—they'll never be lower. Once you've passed your 20th year, earnings will drop substantially, but expenses will not—eating up about 35% of gross.

**\*Net practice income by years in practice**



\*Figures are 1981 medians for office-based M.D.s. For unincorporated physicians they represent income from practice minus tax-deductible professional expenses but before income taxes; for incorporated doctors, salaries, bonuses, and retirement set-asides. Source: Medical Economics Continuing Survey.

of Philadelphia says that in cases that may evoke anger from the jury—such as those involving deliberate acts like falsifying charts—it's wiser to settle.

### WILL STATES STOP TAXING THESE MONEY FUNDS?

Many states tax income from money-market funds that invest in T-bills even though they can't tax income from T-bills held directly by individuals. Capital Preservation Group, which runs such funds, is challenging the state of California on the practice, hoping a victory there will pave the way for tax exemption in other states.

### MEDICAL-STUDENT AID PROGRAMS MIGHT FACE A ROCKY ROAD

A Reagan administration proposal to crack down on doctors who don't pay back their federal loans is being contested by the Association of American Medical Colleges. The AAMC warns that the new rules would completely dismantle the student-loan program. For a school's students to participate in the program, under the administration's proposal, alumni of a med school—as a group—would have to have a delinquency rate no higher than 5%. The rate now averages 12%. The feds also want to require schools to join credit bureaus, hire private collection agents, and file legal action against delinquent debtors.

### INFLATION LOOKS GOOD—IF YOU BUY THE RIGHT THINGS

Inflation has cooled to a 5% rate, and some economists think it could drop even further. But price changes for specific goods and services will be anything but uniform, if the past year is any indication.

#### 12-month price changes

Potatoes	- 17%	Restaurant meals	+ 5%
Gasoline	- 4	Refrigerators	+ 7
Mortgage rates	- 1	Electricity	+ 7
Sofas	- 1	Property taxes	+ 9
Televisions	- 1	Airfares	+ 10
Car tires	- 1	Hotel rooms	+ 11
Sirloin steaks	+ 1	Used cars	+ 12
Men's suits	+ 2	College tuition	+ 13
New cars	+ 3	Natural gas	+ 20
Baby clothes	+ 4	Oranges	+ 49

Source: U.S. Department of Labor.

# *the Tastemaster*



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LOW SODIUM ANTACID/ANTIFLATULENT  
FOR CONSISTENTLY DEPENDABLE RELIEF  
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EFFECTIVE STEP 1  
DIURETIC THERAPY\* (when the  
combination represents previously titrated dosage)

Each capsule  
contains 50 mg. of  
Dyrenium® (brand of triamterene)  
and 25 mg. of hydrochlorothiazide.

Serum K<sup>+</sup> and BUN should be  
checked periodically (see Warnings).

Before prescribing, see complete prescribing information  
in SK&F CO. literature or PDR. The following is a brief  
summary.

**\* WARNING**

This drug is not indicated for initial therapy of edema or  
hypertension. Edema or hypertension requires therapy  
titrated to the individual. If this combination represents  
the dosage so determined, its use may be more con-  
venient in patient management. Treatment of hyperten-  
sion and edema is not static, but must be reevaluated  
as conditions in each patient warrant.

**Contraindications:** Concomitant use with other potassium-  
sparing agents such as spironolactone or amiloride. Further  
use in anuria, progressive renal or hepatic dysfunction, hyper-  
kalemia. Pre-existing elevated serum potassium. Hypersen-  
sitivity to either component or other sulfonamide-derived  
drugs.

**Warnings:** Do not use potassium supplements, dietary or  
otherwise, unless hypokalemia develops or dietary intake  
of potassium is markedly impaired. If supplementary potas-  
sium is needed, potassium tablets should not be used. Hyper-  
kalemia can occur, and has been associated with cardiac  
irregularities. It is more likely in the severely ill, with urine  
volume less than one liter/day, the elderly and diabetics with  
suspected or confirmed renal insufficiency. Periodically,  
serum K<sup>+</sup> levels should be determined. If hyperkalemia  
develops, substitute a thiazide alone, restrict K<sup>+</sup> intake.  
**Associated widened QRS complex or arrhythmia requires  
prompt additional therapy.** Thiazides cross the placental  
barrier and appear in cord blood. Use in pregnancy requires  
weighing anticipated benefits against possible hazards, in-  
cluding fetal or neonatal jaundice, thrombocytopenia, other  
adverse reactions seen in adults. Thiazides appear and tri-  
amterene may appear in breast milk. If their use is essential,  
the patient should stop nursing. Adequate information on use  
in children is not available. Sensitivity reactions may occur  
in patients with or without a history of allergy or bronchial  
asthma. Possible exacerbation or activation of systemic lupus

erythematosus has been reported with thiazide diuretics.

**Precautions:** Do periodic serum electrolyte determinations  
(particularly important in patients vomiting excessively or  
receiving parenteral fluids, and during concurrent use with  
amphotericin B or corticosteroids or corticotropin (ACTH)).  
Periodic BUN and serum creatinine determinations should  
be made, especially in the elderly, diabetics or those with  
suspected or confirmed renal insufficiency. Cumulative  
effects of the drug may develop in patients with impaired  
renal function. Thiazides should be used with caution in  
patients with impaired hepatic function. They can precipitate  
coma in patients with severe liver disease. Observe regularly  
for possible blood dyscrasias, liver damage, other idiosyn-  
cratic reactions. Blood dyscrasias have been reported in  
patients receiving triamterene, and leukopenia, thrombo-  
cytopenia, agranulocytosis, and aplastic and hemolytic  
anemia have been reported with thiazides. Thiazides may  
cause manifestation of latent diabetes mellitus. The effects  
of oral anticoagulants may be decreased when used con-  
currently with hydrochlorothiazide, dosage adjustments may  
be necessary. Clinically insignificant reductions in arterial  
responsiveness to norepinephrine have been reported.  
Thiazides have also been shown to increase the paralyzing  
effect of nondepolarizing muscle relaxants such as tubo-  
curarine. Triamterene is a weak folic acid antagonist. Do  
periodic blood studies in cirrhotics with splenomegaly. Anti-  
hypertensive effects may be enhanced in post-sympathec-  
tomy patients. Use cautiously in surgical patients. Triamterene  
has been found in renal stones in association with the other  
usual calculus components. Therefore, 'Dyazide' should be  
used with caution in patients with histories of stone formation.  
A few occurrences of acute renal failure have been reported  
in patients on Dyazide when treated with indomethacin.  
Therefore, caution is advised in administering nonsteroidal  
anti-inflammatory agents with 'Dyazide'. The following may  
occur: transient elevated BUN or creatinine or both, hyper-  
glycemia and glycosuria (diabetic insulin requirements may  
be altered), hyperuricemia and gout, digitalis intoxication (in  
hypokalemia), decreasing alkali reserve with possible meta-  
bolic acidosis. Dyazide interferes with fluorescent measure-  
ment of quinidine. Hypokalemia is uncommon with 'Dyazide',

but should it develop, corrective measures should be taken  
such as potassium supplementation or increase dietary  
intake of potassium-rich foods. Corrective measures should  
be instituted cautiously and serum potassium levels deter-  
mined. Discontinue corrective measures and Dyazide should  
laboratory values reveal elevated serum potassium. Chloride  
deficit may occur as well as dilutional hyponatremia. Con-  
current use with chlorpropamide may increase the risk of  
severe hyponatremia. Serum PBI levels may decrease with-  
out signs of thyroid disturbance. Calcium excretion is  
decreased by thiazides. Dyazide should be withdrawn before  
conducting tests for parathyroid function.

Thiazides may add to or potentiate the action of other anti-  
hypertensive drugs.

Diuretics reduce renal clearance of lithium and increase the  
risk of lithium toxicity.

**Adverse Reactions:** Muscle cramps, weakness, dizziness,  
headache, dry mouth, anaphylaxis, rash, urticaria, photo-  
sensitivity, purpura, other dermatological conditions, nausea  
and vomiting, diarrhea, constipation, other gastrointestinal  
disturbances; postural hypotension (may be aggravated by  
alcohol, barbiturates, or narcotics). Necrotizing vasculitis,  
paresthesias, icterus, pancreatitis, xanthopsia and respiratory  
distress including pneumonitis and pulmonary edema.  
Transient blurred vision, sialadenitis, and vertigo have  
occurred with thiazides alone. Triamterene has been found  
in renal stones in association with other usual calculus com-  
ponents. Rare incidents of acute interstitial nephritis have  
been reported. Impotence has been reported in a few patients  
on 'Dyazide', although a causal relationship has not been  
established.

**Supplied:** Bottles of 1000 capsules; Single Unit Packages  
(unit-dose) of 100 (intended for institutional use only); in  
Patient-Pak® unit-of-use bottles of 100.

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